

NAME CHANGE OR DUPLICATE WALLET CARD **FOR EMERGENCY MEDICAL SERVICES PERSONNEL CERTIFICATION**

This form is to be used for the following: legal name changes or requests for duplicate wallet card. Please ensure a copy of all required documentation is included in your submission as outlined on the required item checklist below.

CURRENT [NEW] INFORMATION: (Print legibly in black or blue ink)

CERTIFICATION NUMBER: (Starting with level: E, I, A, or P)

Duplicate wallet card request: ☐

NAME:

FIRST

MIDDLE

LAST

MAILING ADDRESS:

STREET

CITY

STATE

ZIP CODE

DATE OF BIRTH (mm/dd/yyyy):

TELEPHONE NUMBER:

EMAIL ADDRESS

FORMER INFORMATION: (Print legibly in black or blue ink)

FORMER NAME:

FIRST

MIDDLE

LAST

FORMER MAILING ADDRESS:

STREET

CITY

STATE

ZIP CODE

Checklist for Name Change:

- ☐ Complete and accurate Name Change or Duplicate Wallet Card Form
- ☐ Court documentation (i.e. such as marriage certificate, legal name change form)

Checklist for Duplicate Wallet Card:

- ☐ Name Change or Duplicate Wallet Card Form with only "CURRENT" section filled out
- ☐ Duplicate Wallet Card request box checked off on this form

PLEASE RETURN THIS DOCUMENT TO MASSACHUSETTS OEMS BY EITHER MAIL, FAX OR EMAIL

FAX: 617-753-7320
ATTN: EMS CERTIFICATION

EMAIL: oems.recert@state.ma.us
SUBJECT: [Name Change or Duplicate Card]

MAIL: Department Of Public Health
Office of Emergency Medical Services
99 Chauncy Street, 11th Floor
Boston, MA 02111